

Best Available Copy

PATENT RETURN POSTCARD

ATTY 1 QDN / SECY PRW ATTY DOCKET # DS3844.5002.01  
MLB DKT # 53844.5002.01 TODAY'S MAILING DATE OCTOBER 10, 2003  
EXPRESS MAIL # \_\_\_\_\_ (CERT OF MAIL) CERT OF SERVICE  
PAT APP/PATENT/REEXAM/INFT# TO BE ASSIGNED  
OF PROCKOP ET AL

FOR: ISOLATED STROKAL CEUS FOR USE IN THE TREATMENT OF DISEASES OF THE  
RECEIPT IS ACKNOWLEDGED BY THE USPTO FOR THE FOLLOWING: CENTRAL NERVOUS SYSTEM

<input type="checkbox"/> PAT AP (PROV/NON-PROV/PCT)	<input type="checkbox"/> AMEND/RESTRICTION REQ.
<input type="checkbox"/> DECL & POW (EXECUTED/UNEXECUTED)	<input type="checkbox"/> RESPONSE TO MISSING PARTS
<input type="checkbox"/> PAGES TOTAL TEXT	<input type="checkbox"/> RESPONSE TO INVITATION TO CORRECT DEFECTS
<input type="checkbox"/> TOTAL # CLAIMS	<input type="checkbox"/> INF. DISC. STMT. PTO-1449 & REFS
<input type="checkbox"/> SHEETS DRAWING (FORMAL/INFORMAL)	<input type="checkbox"/> PET. EXT. TIME _____ MONTHS
<input type="checkbox"/> SEQUENCE LISTING (PAPER COPY/DISK/ SUPPORT STATE.)	<input type="checkbox"/> ASSIGN/CHG NAME/MERGER/SEC. INT
<input checked="" type="checkbox"/> PRELIMINARY AMENDMENT (SECOND)	<input type="checkbox"/> CHAPTER II DEMAND
<input type="checkbox"/> TRANSMITTAL LTR (US/PCT/NAT'L PHASE)	<input type="checkbox"/> NOTICE APPEAL/APPEAL BRIEF/ (3 COPIES)
<input type="checkbox"/> REV/APPT OF ATTORNEY	<input type="checkbox"/> FEE AUTH (ISSUE/MAINT)
<input type="checkbox"/> CPA/RCE REQUEST	<input type="checkbox"/> REQUEST (STATUS/CERTIF CORR/COR FILING RT/REFUND)

TOTAL FEES - 0 -

OTHER (PAPER TITLE) Hofstetter et al.

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